

BULLETIN

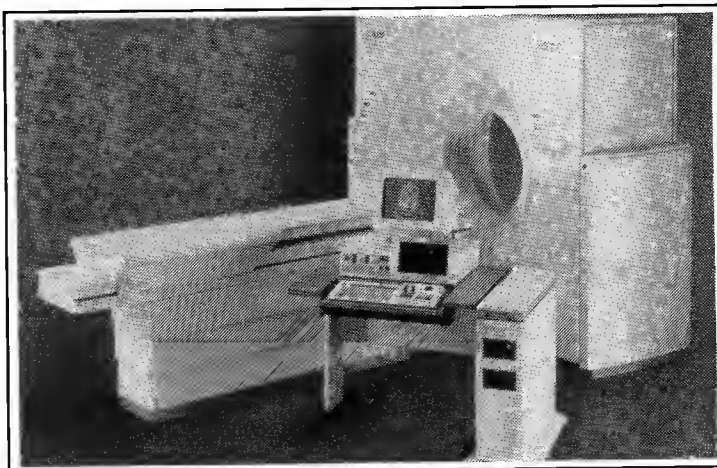


John W. Anderson

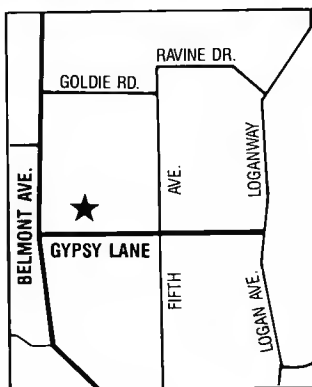
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Health Care Reform Continued: Control of Demand

IN THE TWO PRECEDING ARTICLES, WE HAVE ESTABLISHED, THEORETICALLY, HOW THE PRICE OF A MEDICAL UNIT OF SERVICE MIGHT be settled in a fair way. While that system may be a justifiable control of the price of each unit, it obviously has no effect

on the number of units sold or demanded.

Under the present system, that problem is of equal, if not greater, significance when compared to that of the price-per-unit dilemma. For the most part, both the buyer and the seller in medicine are essentially out of the loop of responsibility for the cost of their transaction.

Imagine, if you will, a supermarket system in which food is free and the grocer paid by a third party. It wouldn't take long for the consumers to become very fat, the grocer to become very fat (in a different way), and the payor to become very thin. In the case of medicine in the U.S., payors never got *that* thin, because they have been able to pass the cost on. Now, by what has become a reverse monopoly (the seizure of control of the consumer as opposed to the seizure of control of the product), they are becoming fatter than anyone else in the scheme had ever even dreamed of becoming. (More on that in a later issue. . .)

David E. Pichette, M.D.



David E. Pichette M.D.

In any case, to control the number of medical units sold, it is evident that both the seller and the buyer must be put back into the loop of responsibility. And this must be done in a way that still ensures that the patient will get the required care. The most effective tool of responsibility in this setting is monetary. It is money that prevents consumers at the grocery store from coming home with steak or lobster every day.

So-called "Medical Savings Accounts" and "Benefit Payment Plans" are proposed ways of making consumers responsible. However, these plans are both complex and indirect. In my opinion, a less complicated and more effective way to rein in both consumers and providers would be to require a co-payment at each medical transaction, based on a percentage of the total cost of that transaction. This would replace the current interaction whereby the patient pays a *pre-set* co-payment for the services, regardless of their cost, and often pays nothing for tests, also regardless of their cost.

Under the percent system, the more a patient consumes at each visit, the more that patient will pay out-of-pocket. No insurance would be available to cover the patient's percentage, because that would defeat its purpose. These visits/procedures would be paid for in the same manner as other purchases — a new TV, for example — with no insurance involved. In addition to controlling consumer demands, this would also control the provider, since he would be vitally interested in keeping this out-of-pocket expense as low as possible, in order to keep patients happy and to ensure their return. The physician would still have all the present motivations to provide quality care, but would be more inclined to use clinical judgment to provide that care in an economically responsible fashion. If patients refused recommended tests or procedures because of the cost to them, they would have to sign an informed refusal form to release the doctor from responsibility.

continued on pg. 26



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Society Update

THE MONTH OF JUNE HAS ARRIVED AND IT'S TIME TO REFLECT ON WHAT HAS TAKEN PLACE SO FAR THIS YEAR WITH REGARD TO our Medical Society's goals and activities. The community relations committee has met twice thus far, and members of that com-

mittee have established liaisons with various community groups. This committee has also been charged with the issue of finding a solution to effectively deal with the needs of the medically underserved within our community. I implore our Society members to communicate any ideas they may have in this regard to this committee. Dr. William Crawford and Dr. Thomas Detesco are serving as chairpersons of this committee. Community relations, I believe, will ultimately become this Society's most important endeavor.

The membership committee has met, and over the remainder of the year will seek out new ways of increasing our numbers. Membership will increase only if this organization can demonstrate to non-members that our activities have merit and value for them. The Medical Society must deliver in its community and legislative efforts. The issue of belonging to the Federation of Medicine must go hand-in-hand with our local Society's activities. Without union with the OSMA and AMA, the

Society may wither and end up serving as merely a social organization for its members.

Legislative oversight remains a key activity of our Society, and I can state that our efforts have been fruitful. Witness our congressman's support for medical tort reform by his voting for the Cox-Geren amendment, which put a cap on non-economic damages at \$250,000. Congressman Traficant was the only Ohio House Democrat to support this issue. Although medical tort reform remains in limbo, due to the U.S. Senate tabling the issue, our efforts to achieve passage of medical tort reform will continue. I am encouraged that some members of our Society and their spouses have chosen to join PLAN, the grassroots legislative program of the OSMA. At present, we are engaged in the issues of The Nurse Practitioner Act, Medical Tort Reform, and Managed CARE Fairness, which are currently being addressed in the state legislature.

As this year reaches its midpoint, I reflect back on what has taken place, and I look forward to our Society's potential efforts for the remainder of the year. It has been my desire to stress the importance of the Federation of Medicine. With this in mind, Dr. Daniel Johnson, current Speaker of the House of Delegates to the AMA (and soon-to-be AMA President-Elect), addressed the Medical Society at our May meeting. He discussed the role of organized medicine in the managed care setting. In March our Society heard from Dr. Claire Wolfe, who at that time was the OSMA President. She reviewed the State Medical Society's legislative agenda for 1995. Dr. Jack Summers, the current OSMA President will be the guest speaker at our September meeting. He is a proponent of grassroots activities who encourages "active" participation by Society members. I strongly encourage your attendance at that meeting.

The message for this year is community involvement, legislative and political activism, and unity and growth within our membership. If this sounds like a broken record with the same refrain being repeated over and over again — then great! Let the message play on and on.

"... Membership will increase if this organization can demonstrate to non-members that our activities have merit and value for them."

Daniel W. Handel, M.D.
President



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Standards for Surgery

 N MAY 4, 1995 Rule 4731-18-01 OF THE OHIO ADMINISTRATIVE CODE BECAME EFFECTIVE. THE TEXT OF THE RULE, WHICH THE Medical Board adopted on April 12, 1995, appears below:

4731-18-01 STANDARDS FOR SURGERY

(A) The surgeon of record in an operative case shall personally:

- (1) evaluate the patient sufficiently to formulate an appropriate preoperative diagnosis; and
- (2) select the operation to be performed in consultation with the patient or with a person authorized to act on his behalf; and
- (3) determine, based on his own evaluation, and, as necessary, on consultation with other physicians involved in the patient's care, that the patient is a fit candidate for the operation to be performed; and
- (4) assure that the patient or a person authorized to act on his behalf gives informed consent before the surgery begins; and
- (5) comply with division (B)(6) of section 4731.22 of the Revised Code; and
- (6) Perform or personally supervise the surgery, except those portions of the surgery, if any, which are performed or supervised by another qualified surgeon with the informed consent of the patient.

(B) Management of postoperative medical care is the responsibility of the surgeon of record. The surgeon of record shall fulfill this responsibility by:

- (1) personally performing the postoperative medical care; or
- (2) delegating postoperative medical care to another physician or physicians who are qualified by training and experience to provide the level of care required, provided that the surgeon of record shall remain primarily responsible for the patient's overall care unless the patient and the other physician have agreed in advance to shift that responsibility to the other physician; or

- (3) delegating defined aspects of the post-operative medical care to appropriately trained and supervised allied health care personnel in compliance with applicable standards, provided that the surgeon of record shall retain personal responsibility for the quality of the care rendered by personnel who are under his supervision and control. The surgeon of record shall obtain the patient's fully informed consent, or the consent of a person authorized to act on the patient's behalf, in advance of surgery, before delegating aspects of patient care to allied health care personnel under this paragraph. The surgeon of record need not obtain the patient's informed consent for aspects of care to which the patient has already consented, such as consent to treatment and care by hospital personnel under an informed consent form signed upon the patient's admission to the hospital; or

- (4) delegating defined aspects of the post-operative medical care to licensees of other health regulatory boards who are licensed to independently provide the scope of practice and the level of care required, provided that the surgeon of record shall remain primarily responsible for the patient's overall care and must examine the patient during the postoperative period.

- ### (C) This rule shall not be read to transfer any responsibility which currently rests with any other physician, allied health care provider, or institution to the surgeon of record.

- ### (D) This rule shall not be read to prohibit or interfere with the appropriate training of medical students and physicians in post-graduate training programs, or other personnel.

- ### (E) The provisions of this rule requiring consultation with or obtaining the informed consent of the patient or a person legally authorized to act on his behalf do not apply to the extent they would prevent the performance of surgery or other procedures under emergency circumstances.

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Alliance Accomplishments Summarized at Annual OSMA Meeting

MRS. DOLLY HANDEL, OUTGOING PRESIDENT OF THE Ohio State Medical Association Alliance, spoke at the OSMA annual meeting in Columbus. Her speech summarized the shared programs and goals of the county alliances during her year in office. Following are her comments to the OSMA House of Delegates:

Medicine is a most noble profession. And in the same way we learn so many things in life, I came to respect this profession through my relationship with the models I knew. I saw the ideals, ethics and commitment of my spouse, and of our close friends and associates. I have watched them put the needs of their patients ahead of their own interests over and over again. It is because of my respect for the noble profession of medicine and for my spouse that I was able to make the commitment of time and energy that was necessary to fulfill my obligations as president of the OSMA Alliance this past year. I believe many other dedicated Alliance volunteers share my



Dolly Handel

sentiments and find the energy to give of themselves to the cause of organized medicine because of their deep respect for the noble profession of medicine.

When I gave my installation speech, I announced my theme, "Shared Goals, Shared Responsibilities". I borrowed the theme from the OSMA Task Force on Health-System Reform. I talked about establishing common goals and the need for responsibility in order to achieve those goals. I delivered the same message to the county alliances of Ohio, and I challenged those organizations to share in the goals and responsibilities of organized medicine.

'How can the alliances share in the responsibilities of organized medicine?' you may wonder. Well, as I believe, they can contribute in three areas: legislation, community health promotions, and philanthropy and medical education donations.

As my year as president is drawing to a close, I am very proud of what Ohio's alliances have done this past year. The achievements are particularly impressive to me because of the changing face of medicine, and because of the changing roles of today's women. Alliance memberships may be declining, but our accomplishments are not. We have a core of very dedicated volunteers.

Legislative development is gaining attention in the counties. Physician spouses are concerned about legislation; they are becoming educated about the issues, and they are getting involved. The OSMA staff met with our leaders last spring and asked us to promote PLAN (The Physician Legislation Action Network). We did promote the program to our counties. I am proud of the lobbying and effort

the Alliance made with the recent Cox-Geren Amendment in the U.S. House of Representatives and the comparable bill in the U.S. Senate.

Health promotions serve our community needs, and at the same time, promote organized medicine in a positive way. Domestic violence is a topic that is being promoted by the AMA Alliance and by the OSMA through the TrustTalk program. Domestic violence was the most popular health promotion in county alliances this year. Almost every county did something. It may only have been as simple as making donations to a local shelter, or it may have been as ambitious as the long-term financial pledge to the Alice Paul Shelter made by the Hamilton County Alliance, and the community seminars and task forces in Trumbull and Summit Counties.

At the close of our House of Delegates yesterday, Barbara Tippins, AMA-Alliance President, informed us that the Summit County Alliance won one of the three AMA HAP Awards for their Domestic Violence project. These awards are the health promotion "Academy Awards" for the Alliance. They are awarded by the AMA. Only three are made each year and Dr. Robert McAfee will present the award at the opening of the AMA-Alliance House of Delegates in Chicago on June 18th.

Tar Wars, a tobacco education program for elementary school children is a popular project. Butler, Cuyahoga, Lorain and Lucas counties are involved with this project. Stark County and Montgomery County are also implementing tobacco education and cessation programs.

I could go on and on to describe all
continued on pg. 11

the county projects, but there are too many to mention. There are elder abuse programs, teen pregnancy prevention programs, breast cancer awareness, immunization awareness and so on. Every effort is worthwhile and every effort promotes organized medicine in our communities.

About $\frac{2}{3}$ of the funds donated to AMA-ERF in Ohio are donated through the Alliance. Our donations for this year are over \$77,000. Montgomery and Allen County can be especially proud of their large donations this year. In addition to AMA-ERF monies, many counties raise large sums of money for health careers scholarships. I am particularly impressed with some of the small counties that manage to contribute several thousand dollars to scholarships in spite of the fact that their membership numbers are low. My hat goes off to the Miami and Huron Counties out there that do so much with so few members.

The AMA Alliance introduced the Alliance Month project this year. The idea of Alliance Month is to have the alliances tell their story in their communities and to the media. A number of county alliances did just that and met with success. Many used the Doctor's Day theme as well, to promote medicine in a positive way.

On more than one occasion, I have heard Dr. Robert McAfee, AMA President, tell the story about the woman on a beach, surrounded by thousands and thousands of starfish that had washed ashore. The story goes on that the woman was working feverishly to return as many starfish as possible back to the sea, throwing them in the water one at a time. A man comes along and asks the woman what she is doing. She tells him that she is trying to save the starfish. He looks at her as if she were a fool, and says, "Don't you know that you can't save all those starfish? There are just too many fish that washed on shore." The woman replies

to the man, "I know I can't. But if I can save this starfish, I can make a difference to this starfish."

So too, the Alliance only makes a small dent in all the work that needs to be done on behalf of organized medicine, but we do contribute and we do make a difference in the lives of the people we reach.

It is my pleasure, as President of the Ohio State Medical Association, to present the collective efforts of our county organizations to you. I am very proud of all of our members who gave their time, their talents and their dollars to our cause. We shared in the goals and shared in the responsibilities of organized medicine. We are "Physician spouses dedicated to the health of America." Thank you.

Our Society would like to congratulate Dolly Handel on a very successful year at the helm of our State Alliance. By her tireless work she has set an example for us all. Thanks, Dolly, for a job well done.

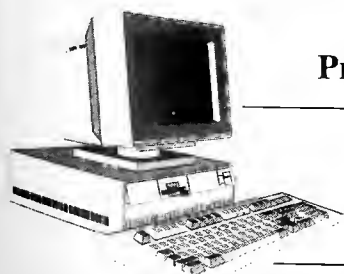
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CELEBRITY AUCTION

The Mahoning County Medical Society Alliance will be holding a Celebrity Auction on Saturday, November 4th, 1995 at Tippecanoe Country Club. Renee Bitonte is collecting items such as autographed footballs, clothing, framed art, etc. Other items, such as donated trips, hotel room stays, and toys, are also needed. If you have such items or know of someone that would donate, please call Renee at 533-7279. All proceeds from the event will go to local charities.

Susan Berny Installed as President

THE MAHONING COUNTY MEDICAL SOCIETY ALLIANCE MET MAY 23RD AT THE TIPPECANOE COUNTRY CLUB FOR THE INSTALLATION of officers. Susan Berny was seated as president by Dolly Handel, immediate past state president. President-elect is Paulette

Pannozzo, and serving as vice-president is Suzy Solemani. The duty of secretary will be served by Jamie Frank and corresponding secretary is Beth Bacani. Regina Hennon will continue serving as treasurer.

The new president, Susan Berny is the wife of Dr. James Berny, an anesthesiologist at Western Reserve Care System. She has four children: Kathleen, Meghan, Colleen and Lauren. Susan's family is her top priority, but she credits her ability to volunteer for the community to a good husband, good family, good friends and committee members. She received a bachelor of science degree in nursing at the University of Texas at Austin. She served in the Army at Walter Reed Army Medical Center and left the service as a captain. She began volunteering in the Army and was selected as

an inauguration nurse for President Reagan. She presently is an active member of the Junior League of Youngstown, Youngstown Symphony Guild, Women's Health Information Network and PTA.

Mrs. Berny looks forward to a year of teamwork and tackling important challenges for the Alliance. The Alliance wants to let the community know that they stand for quality health care for everyone. The MCMSA plans to participate in the 1995 Northeast Ohio Race for the Cure, by helping coalition with the first Tea for Breast Cancer Survivors at the Youngstown/Warren LPGA Golf Classic. Money raised by the Susan G. Komen Race for the Cure Foundation goes to research and mammograms for the underserved.

The Alliance also plans to aid in the prevention of family violence by establishing a grassroots project in the community, and raising money for battered women and children shelters. A Celebrity Auction on November 4th, 1995 will benefit this fund. The MCMSA also plans to continue its commitment to the Potential Development Program which serves those children whose functioning level is below their chronological age in visual motor perception, cognitive skills, language and speech development, self-help skills, and/or play and social interaction. As always, the Alliance will continue to promote good fellowship between physicians and their families.

Mrs. Berny has chosen a quote from Harry Chapin as a theme for the year:

"We are all searching for a positive affirmation of our existence, some indication that it matters that we are alive. I suggest to you that it does matter we are alive, and that I hope you will grasp the opportunity to make your corner of the world a better place for children. Remember, caring is doing something about it."



▲ (L to R) Beth Bacani, Jamie Frank, Regina Hennon, Suzy Solemani, Paulette Pannozzo, Susan Berny, Mary Walton

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“Reflection”

John Madden
Woodcut Print

JOHN MADDEN WAS BORN IN GIRARD, OHIO, IN JANUARY OF 1935. HIS FATHER SUPERVISED STEEL MILL CONSTRUCTION, SO HIS FAMILY BEGAN traveling in John's teen years to California, France, and Italy, where he graduated from high school. This was followed by

several years in the army where he served in Austria.

In 1956, John graduated from Youngstown College and began teaching social studies and special education in several Youngstown schools. His interest in woodworking led to certification from college in industrial arts. For several years, teaching was interspersed with other professions. John worked as a computer programmer and systems analyst, before teaching finally lured him to Liberty High School. He spent the next 26 years teaching industrial arts, until his retirement in 1993. During this time he also received his master's degree in education from Kent State University.

Around 1976, after several summer visits to the Maine coast, John bought his first sketch pad and pencils. Remembering this experience John said, “I hiked over to the rocks to one of my favorite scenes, a fishing shack festooned with lobster buoys.” That first drawing is still

in his studio as a reminder of his first artistic endeavor. And as for Maine, John says, “There is something to the Maine coast that makes nearly everyone think he's an artist.”

Up until three years ago, John's media included pencil, pen-and-ink, and colored pencil. When he observed a demonstration in woodcut printing by Nels Oestreich, an artist featured in a previous *Bulletin*, a new medium was opened up to him. It was a labor of love when, 14 months later, John produced his first woodcut proof and printed his first limited edition. Since then, John has published more than 15 limited editions, with another two dozen at various stages of planning, layout and cutting. Works currently in progress include carousel horses and symphony orchestra members. In the planning stage is a series of local and Lake Erie fishing scenes. During John's early years he became enthusiastic about black-and-white photography, which he feels may account for his present interest in woodcutting. He uses the camera extensively, shooting 20-30 rolls of slides in a year to work from in his studio.

John finds that his favorite subject matter for prints involve people going about their daily activities. On the cover, his “Reflection” is based on a slide taken in New Harbor, Maine. I think water holds an emotional magic for all of us, and this image brings the viewer right up to the silent and emotional reverie of the solitary figure. The image also brings the depths and mysteries of water into equal balance with the depths and mysteries of our own inner being. These few lines have easily suggested distance, space, depth, and time. A beautiful balance has been created, along with sensitive lines perfected in such a short time of training. A simple image, but it has exquisite presentation and high impact on the viewer. It takes a rare gift to punctuate your emotions with so little imagery.

John is also involved in doing portraits of people and homes, and accepts commissions.

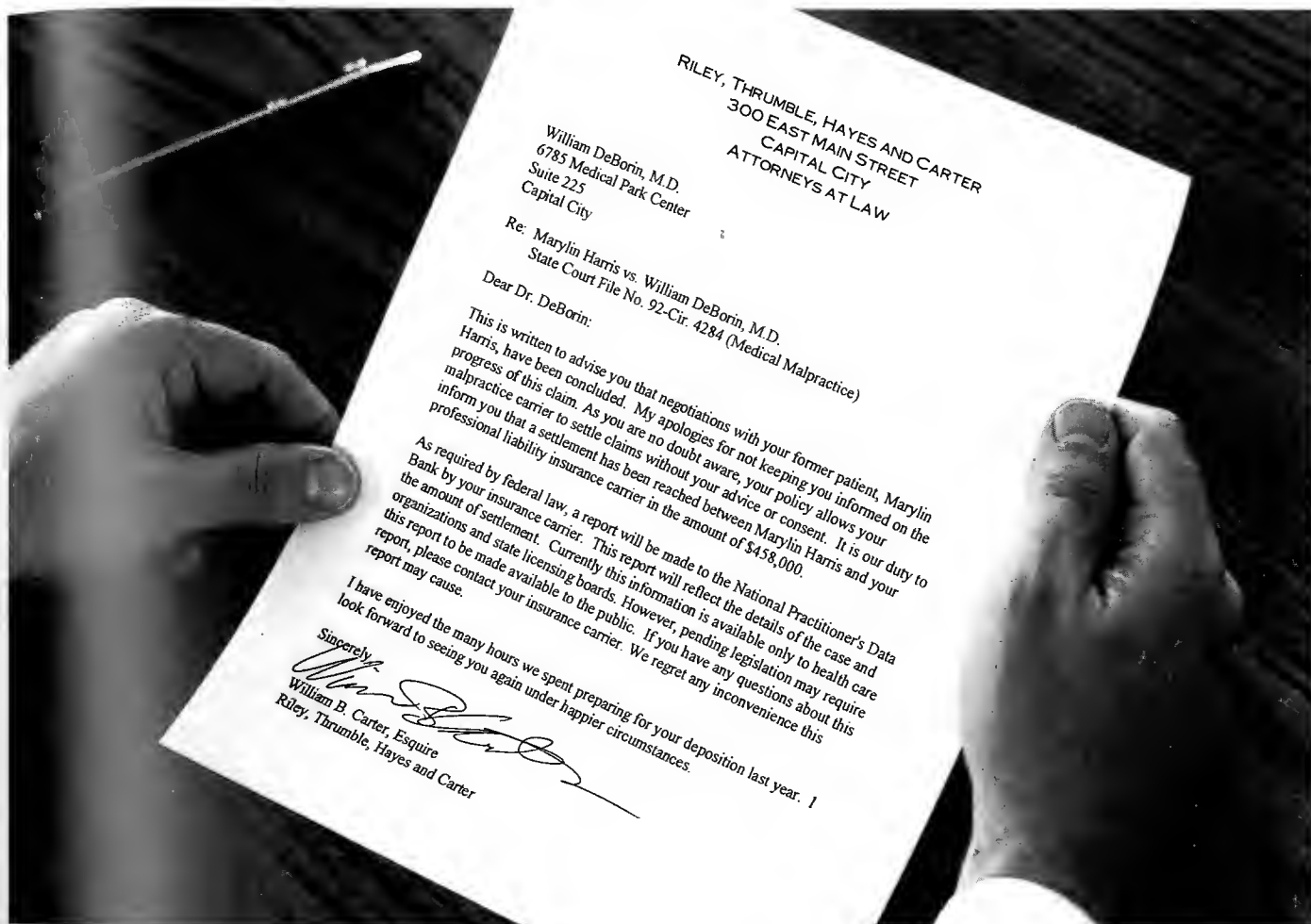
continued on pg. 26

Jeannine M. Lambert



Jeannine M. Lambert

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Dr. Caccamo Receives Honorary Degree

L EONARD P. CACCAMO, M.D., ONE OF NEOUCOM'S FOUNDING SUPPORTERS, WAS AWARDED AN HONORARY DOCTOR OF science degree at the College's May commencement ceremony. The award was presented by NEOUCOM president and dean

Robert S. Blacklow, M.D.

Dr. Caccamo's association with the College includes a tenure on the NEOUCOM board of trustees, which he chaired from 1979-81. Dedicated to medical education, Dr. Caccamo served as NEOUCOM'S Professor of Internal Medicine from 1980 until his retirement. For his many contributions, he received NEOUCOM'S Provost Award in 1983. He currently holds the title Emeritus Professor of Internal Medicine.

Born in Youngstown, Ohio, Dr. Caccamo received his B.S. degree from Youngstown State University. While attending YSU he was a member of Who's Who Among American Universities and Colleges and also of Delta Epsilon (the predecessor of the Phi Kappa Phi National Honorary Society). From there he went on to the Bowman Gray School of Medicine, where he was a member of Phi Chi Fraternity and was on the editorial staff of the School's medical journal. He received his M.D. degree in 1947.

Following an internship at Rochester (NY) General Hospital, Dr. Caccamo completed residencies at St. Elizabeth Hospital Medical Center and Wayne State University College of Medicine (WSUCOM). He later completed cardiology fellowships at both the U.S.

Veterans Hospital, in Dearborn, Michigan, and at WSUCOM.

After receiving his professional certification from the American Board of Internal Medicine in 1955, Dr. Caccamo returned to Youngstown, where he began an internal medicine and cardiology practice.

For most of his professional life, Dr. Caccamo has been associated with St. Elizabeth Hospital Medical Center. From 1955-58 he was an attending physician. Subsequent appointments at SEHMC include a full-time position as director of internal medicine residency training; chairman of the Department of Internal Medicine, director of the Coronary Care Unit (which he established in 1966); director of medical education (during which time he developed the Hospital's General Practice Dentistry Residency); and editor of SEHMC's Medical Bulletin and subsequent *Convergence* Journal.

Dr. Caccamo's professional appointments with other hospitals and organizations include the following: associate clinical instructor (1950-52) and clinical instructor (1952-55) at WSUCOM; acting section chief of cardiology, USVA Hospital; secretary (1957-66), president (1966-68), member of the founding board of trustees, and current Gavel Club member of the Ohio Society of Internal Medicine. He served as the chairman of the American Society of Internal Medicine's annual meeting held in San Francisco in 1960; governor for Ohio, American College of Cardiology; instructor in YSU's Department of Continuing Education; and consultant for the Cleveland Health Sciences Library at Case Western Reserve University in Cleveland, Ohio.

Dr. Caccamo is a fellow of both the American College of Physicians (FACP) and the American College of Cardiology (FACC). Over the course of his career, his professional memberships have included the AMA, OSMA and MCMS, as well as the American Society for Clinical Pharmacology and Therapeutics, the Society for Medical Decision Making (and its Youngstown Chapter), and the Association of Hospital Medical Education. He is also a

continued on pg. 19



Leonard P. Caccamo, M.D.

Dr. Caccamo Receives Honorary Degree *(cont. from pg. 18)*

past chairman of the Mahoning Shenango Area Health Education Network, a consultant to the Jeghers Medical Index, and has been on the Advisory Board of the YSU English Festival since 1986.

Throughout his years of service to the community, Dr. Caccamo has received numerous honors. In 1962 he was presented with the Man of the Year Award by the Wolves National Convention. The Mahoning County Medical Society recognized his dedicated service with an Appreciation Award in 1977.

In April of 1983, Dr. Caccamo was one of 50 professionals invited to a White House briefing, during a conference held to recognize outstanding initiatives in the private sector for health care.

Dr. Caccamo was instrumental in founding the Youngstown Chapter of the Scientific Research Society of America (which would later become the YSU Centennial Chapter of Sigma Xi). He also worked closely with Dr. Harold Jeghers, NEOUCOM and the Cleveland Health Sciences Library to bring the Jeghers Medical Index Research Library to northeastern Ohio and to SEHMC on September 1, 1980.

Dr. Caccamo has published extensively in local, regional, and national professional journals.

After a successful career, Dr. Caccamo retired from his practice in 1983. He and his wife Shirley reside in Youngstown. The couple has four adult children and nine grandchildren.

In presenting the honorary doctor of science degree to Dr. Caccamo, Dean Blacklow said, "NEOUCOM recognizes, with gratitude, his leadership and courage, which helped build the College and improve medical education and health care in the region."

Following are Dr. Caccamo's remarks upon acceptance of this honor:

I accept this degree for, and in the name of, the countless number of people in the Youngstown area who worked so diligently to establish this medical college. On their behalf, I thank Dr. Blacklow and the Board of Trustees of the College of Medicine for giving me this singular honor of being their representative.

The magic number in a consortium is three, as Charles Blair our first provost often emphasized. Without Youngstown State University, the effective troika of Akron, Kent and Youngstown would probably never have been achieved and the School may well have followed a different path.

I am certain we all remember the lines of a familiar Disney movie of the past, "A dream is a wish your heart makes." NEOUCOM was first a dream in the hearts of a remnant. A remnant in Akron, Canton and Youngstown desired to change the direction of medical education. They strived to build effective undergraduate, graduate and continuing education upon the firm foundation of dedicated community teaching hospitals.

Medicine has been described as the most humane of the sciences and the most scientific of the humanities. The medical communities of

Akron, Canton and Youngstown have always sought to fulfill Peabody's dictum that the secret of patient care is "caring for the patient." They astutely recognized that in medicine, knowledge without compassion is arrogance, while compassion and integrity without knowledge is dangerous.

I prayerfully hope this graduating class and all who follow will faithfully serve their patients with a life-long commitment to learning, compassion and integrity. Graduating students need to recognize early in their careers that all talent is a gift from our Creator. We are only stewards.

My dear wife has a favorite movie that is based upon a medical novel by Lloyd C. Douglas. Its theme stresses the need to use our talents for real service by unassumingly projecting our knowledge and compassion to others in need. This approach opens the doorway to a rewarding and abundant life. Yet it will not be without personal cost. As Edward Randolph states in the movie, "Once you have started such a journey you will never be able to give it up. It will be an obsession. It will become your magnificent obsession."

Coram Deo.

With appreciation and heartfelt thanks for his efforts in this community and beyond, the Medical Society congratulates Dr. Caccamo on this much-deserved honor.

Editor's note: At the Board of Trustees dinner on May 26th, Dr. Caccamo presented NEOUCOM with a cornerstone trowel that was used during cornerstone laying ceremonies when the School was being constructed.

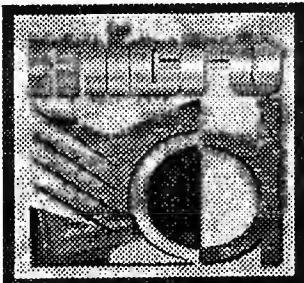


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The PACT program was established in 1983 in an effort to curb the overutilization of certain Medicaid services and to provide better continuity of care for those recipients enrolled. Recipients are enrolled for a minimum of 18 months, during which time they must obtain all non-emergency physician and pharmacy services from designated providers.

Any physician participating in the Ohio Medicaid Program is eligible to become a designated (primary) physician for PACT enrollees. The designated physician then assumes the responsibility of providing all non-emergency services within the scope of his/her

practice to the assigned client. Should the client require the specialized service of another physician, such as a gynecologist, ophthalmologist, psychiatrist or podiatrist, the designated physician is permitted to make referrals.

The designated physician is eligible to bill and receive an \$8.00 monthly case management fee for each enrolled recipient assigned to him/her.

This program provides a valuable service to Ohio's Medicaid recipients. If you are interested in participating, or would like additional information, please contact Melanie Irwin at (614) 466-9689.

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From the Desk of the Editor (cont. from pg. 4)

While this is fine in theory, it would also have to be economically feasible for patients. As I see it, this would essentially require two concepts. First, the percentage to be paid by a patient at each visit would be based on means, which would be determined by his 1040 tax form, documented yearly by the government in the form of a wallet card. And second, there would have to be yearly caps on such payments, so that people with unusual requirements would not be over-burdened. For example, a person of ordinary means, considering number of dependents, would be required to pay 10% of each visit/procedure, and would

carry a government-issued card showing that percentage. The yearly cap for that person of ordinary means might be in the vicinity of \$2,000, which might represent 10% of an average family's medical expenditures. A person with 90% of what was considered ordinary means would pay 9% of the total for each visit/procedure (with an \$1,800 cap), and so on, with even the person having the least means paying at least a small percentage of the cost. Who would absorb the difference between the 10% and 1% (or less) payment and caps? We all would, in order to continue to help each other.

On The Cover (cont. from pg. 16)

He and his wife Terri, who was featured in the last *Bulletin*, share a studio in their home, but feel no competition, since they work in different media. Recently, three prints submitted

in a national print competition in Sylvania, Ohio, were accepted. John's work has been in shows and sales from Maine to Memphis. He presently lives in Liberty Township.

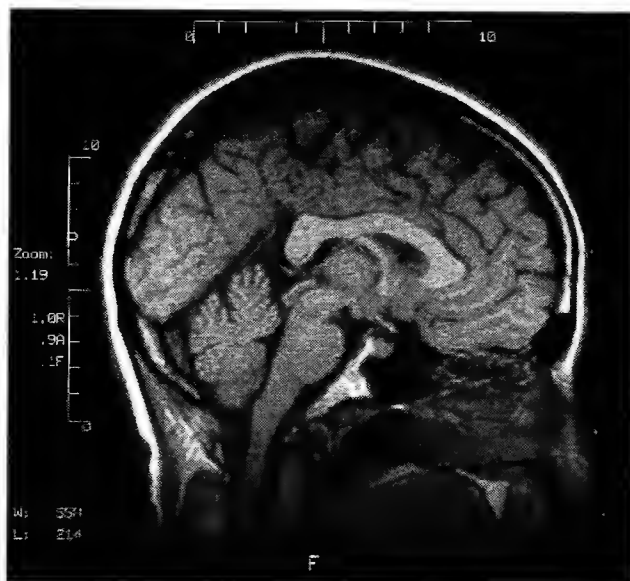
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A Look Back . . .

Sixty Years Ago
May/June 1935

"Hap" Hathhorn's public health committee was conducting an intensive campaign to stamp out diphtheria, smallpox, typhoid fever and cancer. So far as those infectious diseases were concerned, the means were available, but cancer was another matter. Prohibition was repealed; not a good thing for public health, but great for the economy.



Board of Directors of the Ohio Surgical Association. Frank Kravec was secretary of the Ohio Chapter of the American College of Chest Physicians. Morris Rosenblum and Atty. Jim Mitchell won the doubles handball tournament at the YMCA.

Thirty Years Ago
May/June 1965

Delegates to the OSMA meeting in May were G.E. DeCicco, Sanford Gaylord, J.V. Newsome and Leonard Caccamo. They presented Mahoning County's controversial resolution regarding the physician's freedom to not participate in the new "Medicare" program. No comment about how that resolution was received. Leonard Caccamo was president of the Heart Association of Eastern Ohio, Sanford Gaylord was secretary and treasurer of the Ohio



Society of Internal Medicine. John Rogers was re-elected president of the Ohio Heart Association William Bunn was elected a delegate.

Twenty Years Ago
May/June 1975

At the state meeting in May, C. Edward Pichette was re-elected as Sixth District Councilor to the AMA for another two-year term. Jack Schreiber was also elected to a two-year term as alternate delegate. Other delegates were J.C. Melnick, J.W. Tandatnick, W.E. Sovik, Rashid Abdu and William Moskalik. New members that month were: Carlos Cerrezuela, Nora Natividad, Ali Azimpoor, William Crawford, Alan Quadri and Ragu Sandbandham. Robert Mossman, a former City Health Commissioner, died at the age of 89.



Fifty Years Ago
May/June 1945

Dr. Cole, a prominent dermatologist from Cleveland, was the speaker for the June meeting. He said that intensive treatment with bismuth and arsenic would cure early syphilis in a year. Penicillin was new but showed promise. J.N. McCann was appointed to the State Board of Medical Licensure. Capt. Lou Shensa and Major Paul McConnell were home on leave. Capt. Sam Tamarkin was promoted to Major, and Lt. Sam Schwebel was promoted to Lt. Commander. Capt. Larry Weller was in Texas. Fred Schellhase and Gabe DeCicco were heard from in the Philippines.



Ten Years Ago
May/June 1985

Because of the OSMA meeting in May, the May issue of the *Bulletin* was discontinued. President Juan Ruiz, like President Rashid Abdu ten years earlier, decried the loss of personal contact, trust and mutual respect that had been a part of the physician-patient relationship in the past. Editor Benjamin Hayek had some caustic words about the professional behavior of some of our colleagues, especially regarding fees. New members that month were: George Aromatorio, Sundram Harikrishnan, Paul Rosman, Khalid Iqbal, Bee Min Lim, James F. Ervin and John H. Agnone.



Robert R. Fisher, M.D.



Forty Years Ago
May/June 1955

Carl Gustafson was elected Sixth District Councilor Bill Skipp was a delegate to the AMA. Steve Ondash became a member of the



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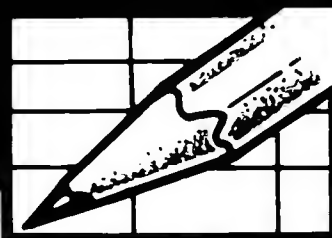
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Services provided:

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- Numerous line services available for your particular needs.

Collections:

- Collect past due accounts.
- Individual attention to each account so as to maximize dollars collected.
- Fee based on collection.

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Judy Bloomberg, Manager